

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16-30, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 6, 2007	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: City of Parlier		Organizational Unit: Police Department
Address (give city, county, State, and zip code): 1100 E. Parlier Parlier, CA 93648 Fresno County		Name and telephone number of person to be contacted on matters involving this application (give area code) Chief Ishmael Solis 559-646-6600

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94 - 6000390	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">C</div>
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<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin: 0 5px;"></div> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____	<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: right; margin-right: 50px;">10 - 766</div> TITLE: Community Facilities Grant	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Public Safety Equipment for Police Department
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Parlier	
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<b>13. PROPOSED PROJECT</b> Start Date    Ending Date 6/1/07        3/31/08	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant                      20 Costa b. Project                              20 Costa
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>																					
<table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">27,229<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">22,279<sup>00</sup></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;"><sup>00</sup></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;"><sup>00</sup></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;"><sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;"><sup>00</sup></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">49,508<sup>00</sup></td> </tr> </table>	a. Federal	\$	27,229 <sup>00</sup>	b. Applicant	\$	22,279 <sup>00</sup>	c. State	\$	<sup>00</sup>	d. Local	\$	<sup>00</sup>	e. Other	\$	<sup>00</sup>	f. Program Income	\$	<sup>00</sup>	g. TOTAL	\$	49,508 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <div style="text-align: right; margin-right: 50px;">DATE    03/13/07</div> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	27,229 <sup>00</sup>																				
b. Applicant	\$	22,279 <sup>00</sup>																				
c. State	\$	<sup>00</sup>																				
d. Local	\$	<sup>00</sup>																				
e. Other	\$	<sup>00</sup>																				
f. Program Income	\$	<sup>00</sup>																				
g. TOTAL	\$	49,508 <sup>00</sup>																				

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Type Name of Authorized Representative Lou Martinez	b. Title City Manager	c. Telephone Number (559) 888-2941
d. Signature of Authorized Representative 		e. Date Signed 3-14-07

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

## 2. DATE SUBMITTED

A ant Identifier

## 3. DATE RECEIVED BY STATE

State Application Identifier

## 1. \* TYPE OF SUBMISSION

☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 124726725

\* Legal Name: The Regents of the University of California

Department: Sponsored Projects Office

Division:

\* Street1: 2150 Shattuck Ave. Suite 313

Street2:

\* City: Berkeley

County: Alameda

\* State: CA: California

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 94704-5940

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MAR 20 2007

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: \* First Name: Susan Middle Name: Hedley Last Name: Suffix:

\* Phone Number: (510)642-8119 Fax Number: (510)642-6236 Email: shedley@berkeley.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

94-6002123

## 7. \* TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration  
☒ D. Decrease Duration ☐ E. Other (specify)

\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

61.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Development of methods for the enrichment and genomic analysis of individual populations from complex microbial communities

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Contra Costa and Alameda Counties, Calif

## 13. PROPOSED PROJECT:

\* Start Date \* Ending Date

10/01/2007

09/30/2010

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

CA-009

b. \* Project

CA

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name: Montgomery Middle Name: Slatkin Last Name: Suffix:

Position/Title: Prof

\* Organization Name: The Regents of the University of California

Department: Integrative Biology

Division:

\* Street1: 3060 VLSB

Street2:

\* City: Berkeley

County: Alameda

\* State: CA: California

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 94720-3140

\* Phone Number: (510)643-6300

Fax Number: (510)643-6264

\* Email: slatkin@berkeley.edu

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR  
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:  \* Last Name:  Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:

Province:  \* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:  \* Email:

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application****21. Attach an additional list of Project Congressional Districts if needed.**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

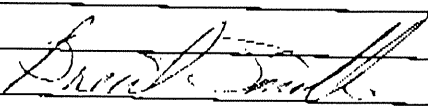
<b>5. APPLICANT INFORMATION</b>			
Legal Name: C Road Community Services District		Organizational Unit: Department: C Road Volunteer Fire Department	
Organizational DUNS: 61-834-8572		Division:	
Address: Street: PO Box 344		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Blairsden		Prefix: Mr	First Name: Ron
County: Plumas		Middle Name	
State: CA		Last Name Heard	
Zip Code 96103		Suffix:	
Country: USA		Email: ron.heard@gotsky.com	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 33-1092438		Phone Number (give area code) 530.927.9112	Fax Number (give area code) 530.836.1797
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G Other (specify)	
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> USDA	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program):		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> C Road Volunteer Fire Department door replacement and fire safety and equipment project	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): C Road district (Blairsden - Clio, CA)			
<b>13. PROPOSED PROJECT</b> Start Date: 04/01/07		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 04	
Ending Date: 12/31/07		b. Project 04	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 15,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 5,000.00	DATE: 3/20/07	
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation.	
g. TOTAL	\$ 20,000.00	<input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix Mr	First Name Ron	Middle Name	
Last Name Heard		Suffix	
<b>b. Title</b> Fire Chief		c. Telephone Number (give area code) 530.927.9112	
d. Signature of Authorized Representative <i>Ron Heard</i>		e. Date Signed 3-20-07	

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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

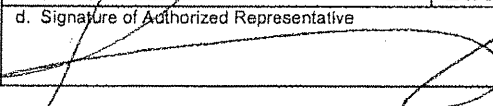
Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 03/21/2007		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Sierra Economic Development District			Organizational Unit: Department:		
Organizational DUNS: 08-885-6885			Division:		
Address: Street: 560 Wall Street, Suite F City: Auburn County: Placer State: CA Zip Code: 95603			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Brent Middle Name: Last Name: Smith Suffix:		
Country: United States			Email: brent@sedd.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][4]-[1][7][0][5][0][4][3]			Phone Number (give area code) 530-823-4703		Fax Number (give area code) 530-823-4142
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify) Nonprofit		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Enterprise Grant Program (RBEQ) 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Broadband Service Revolving Loan Fund (ISRLF)			9. NAME OF FEDERAL AGENCY: USDA/Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sierra County, City of Loyalton			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Doolittle - 4 b. Project Doolittle - 4		
13. PROPOSED PROJECT Start Date: 06/01/2007 Ending Date: 05/30/2008			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 27, 2007 b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 50,000.00 b. Applicant \$ .00 c. State \$ .00 d. Local \$ .00 e. Other \$ .00 f. Program Income \$ .00 g. TOTAL \$ 50,000.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Mr. First Name Brent Middle Name Suffix					
b. Title President c. Telephone Number (give area code) 530-823-4703 e. Date Signed 3.21.07					
d. Signature of Authorized Representative 					

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Standard Form 424 (Rev. 9-2003)  
Prescribed by OMB Circular A-102

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>March 16, 2007</b>		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <b>Port of Oakland</b>			Organizational Unit: <b>Port of Oakland Acting by and through its Board of Port Commissioners</b>		
Address (give city, county, state, and zip code) <b>530 Water Street Oakland, CA 94607</b>			Name and telephone number of the person to be contracted on matters involving this application (give area code) <b>Christina Lee (510) 627-1510</b>		
EMPLOYER IDENTIFICATION NUMBER (EIN): <b>9 4 - 1 7 4 6 3 1 2</b>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>C</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)			9. NAME OF FEDERAL AGENCY <b>Federal Aviation Administration</b>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>2 0 . 1 0 6</b> TITLE: <b>Airport Improvement Program (AIP)</b>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>1. North Field Pavement Program - Overlay of Run-Up Pad at Runway 27R, Runway 9R/27L, and Aprons at West Side Tee Hangars 2. Overlay of Taxiway B and Taxiway V, Phase 1, South Field, OIA 3. Upgrade Aircraft Noise and Operations Monitoring System (ANOMS)</b>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>San Francisco Bay Area</b>					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date <b>10/07</b>	Ending Date <b>08/08</b>	a. Applicant <b>7</b>		b. Project <b>4</b>	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS			
a. Federal	\$ <b>11,927,320 .00</b>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant	\$ <b>2,872,680 .00</b>	DATE: <b>March 16, 2007</b>			
c. State	\$ .	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$ .	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$ .	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income	\$ .	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No			
g. TOTAL	\$ <b>14,800,000 .00</b>				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative <b>Steve Grossman</b>		b. Title <b>Director of Aviation</b>		c. Telephone number <b>(510) 627-1133</b>	
d. Signature of Authorized Representative 		e. Date Signed <b>March 16, 2007</b>		for STEVE GROSSMAN	

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MAR 21 2007

STATE CLEARING HOUSE

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)****2. DATE SUBMITTED****Applicant Identifier****3. DATE RECEIVED BY STATE****State Application Identifier****1. \* TYPE OF SUBMISSION**☐ Pre-application ☒ Application  
☐ Changed/Corrected Application**4. Federal Identifier****5. APPLICANT INFORMATION****\* Organizational DUNS:** 094878394**\* Legal Name:** The Regents of the University of California**Department:** Office of Research**Division:****\* Street1:** University of California**Street2:** 3227 Cheadle**\* City:** Santa Barbara**County:****\* State:** CA: California**Province:****\* Country:** UNITED ST **\* ZIP / Postal Code:** 93106-2050

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MAR 21 2007

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

**Prefix:** \* **First Name:** Lynne **Middle Name:** **\* Last Name:** Van Der Kamp **Suffix:****\* Phone Number:** 805-893-5687**Fax Number:** 805-893-2611**Email:** van@research.ucsb.edu**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):**

95-8006145W

**7. \* TYPE OF APPLICANT:**

H: Public/State Controlled Institution of Higher Education

**8. \* TYPE OF APPLICATION:** ☒ New

Other (Specify):

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision**Small Business Organization Type**☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):**9. \* NAME OF FEDERAL AGENCY:**

Chicago Service Center

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

81.049

**\* Is this application being submitted to other agencies?** Yes ☐ No ☒

What other Agencies?

**TITLE:** Office of Science Financial Assistance Program**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Synthesis of Uranium-Ligand Multiple Bonds

**12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)**

Santa Barbara

**13. PROPOSED PROJECT:****\* Start Date****\* Ending Date**

07/01/2007

06/30/2010

**14. CONGRESSIONAL DISTRICTS OF:****a. \* Applicant****b. \* Project**

CA-023

CA-023

**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION****Prefix:** \* **First Name:** Trevor **Middle Name:** **\* Last Name:** Hayton **Suffix:** PhD**Position/Title:** Principal Investigator**\* Organization Name:** The Regents of the University of California**Department:** Chemistry & Biochemistry**Division:** Letters & Science**\* Street1:** University of California**Street2:****\* City:** Santa Barbara**County:****\* State:** CA: California**Province:****\* Country:** UNITED ST **\* ZIP / Postal Code:** 93106-2050**\* Phone Number:** 805-893-3392**Fax Number:** 805-893-7563**\* Email:** hayton@chem.ucsb.edu



**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding 450,000.00  
b. \* Total Federal & Non-Federal Funds 450,000.00  
c. \* Estimated Program Income 0.00

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/14/2007

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Lynne Van Der Kamp  
\* Position/Title: Sponsored Projects Officer \* Organization: The Regents of the University of California  
Department: Office of Research Division:  
\* Street1: University of California Street2: 3227 Cheadle  
\* City: Santa Barbara County: \* State: CA: Californ  
Province: \* Country: UNITED ST \* ZIP / Postal Code: 93106-2050  
\* Phone Number: 805-893-5687 Fax Number: 805-893-2611 \* Email: van@research.ucsb.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

Add Attachment Update Attachment View Attachment

**21. Attach an additional list of Project Congressional Districts if needed.**

Add Attachment Delete Attachment View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02	
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(a):</b> <input type="text"/> <b>* Other (Specify)</b> <input type="text"/>
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> <input type="text"/>	
<b>5a. Federal Entity Identifier:</b> <input type="text"/>		<b>* 5b. Federal Award Identifier:</b> <input type="text"/>	
<b>State Use Only:</b>		<div>RECEIVED MAR 22 2007 STATE CLEARING HOUSE</div>	
<b>6. Date Received by State:</b> <input type="text"/> <b>7. State Application Identifier:</b> <input type="text"/>			
<b>8. APPLICANT INFORMATION:</b>			
<b>* a. Legal Name:</b> Community Recovery Services			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-3068560		<b>* c. Organizational DUNS:</b> 795261726	
<b>d. Address:</b>			
<b>* Street1:</b> 3101 Telegraph Ave			
<b>Street2:</b> <input type="text"/>			
<b>* City:</b> Berkeley			
<b>County:</b> <input type="text"/>			
<b>* State:</b> CA: California			
<b>Province:</b> <input type="text"/>			
<b>* Country:</b> USA: UNITED STATES			
<b>* Zip / Postal Code:</b> 94705-1919			
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> Alcohol Policy Network		<b>Division Name:</b> Students for a Safer Southside	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
<b>Prefix:</b> <input type="text"/>		<b>* First Name:</b> Joan	
<b>Middle Name:</b> <input type="text"/>			
<b>* Last Name:</b> Killey			
<b>Suffix:</b> <input type="text"/>			
<b>Title:</b> Executive Director			
<b>Organizational Affiliation:</b> Community Recovery Services			
<b>* Telephone Number:</b> 510-548-9822		<b>Fax Number:</b> <input type="text"/>	
<b>* Email:</b> jkiley@pacbell.net			

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

U.S. Department of Education

## 11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

## \* 12. Funding Opportunity Number:

ED-GRANTS-122206-002

\* Title:

Prevention of High-Risk Drinking or Violent Behavior Among College Students CFDA 84.184H

## 13. Competition Identification Number:

84-184H2007-1

Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

## \* 15. Descriptive Title of Applicant's Project:

Reducing High Risk Drinking Among University of California, Berkeley Students in the South Campus Area

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="9"/>	* b. Program/Project
<input type="text" value="9"/>		
Attach an additional list of Program/Project Congressional Districts if needed.		
<div style="display: flex; justify-content: space-between;"><div><input type="text" value=""/></div><div><input type="button" value="Delete Attachment"/></div><div><input type="button" value="View Attachment"/></div></div>		
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="01/07/2007"/>	* b. End Date:
<input type="text" value="06/30/2008"/>		
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="128,502.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="128,502.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value=""/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:	<input type="text" value=""/>	* First Name:
Middle Name:	<input type="text" value=""/>	<input type="text" value="Joan"/>
* Last Name:	<input type="text" value="Kiley"/>	
Suffix:	<input type="text" value=""/>	
* Title:	<input type="text" value="Executive Director"/>	
* Telephone Number:	<input type="text" value="510-548-9822"/>	Fax Number:
* Email:	<input type="text" value="jkiley@pacbell.net"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed:
<input type="text" value="2/20/07"/>		

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Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Southern California Housing Development Corporation

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

33-0521215

\* c. Organizational DUNS:

796516748

d. Address:

\* Street1:

9065 Haven Avnue

Street2:

Suite 100

\* City:

Rancho Cucamonga

County:

San Bernardino

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

91730-5429

RECEIVED

MAR 22 2007

STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

\* First Name:

Stella

Middle Name:

\* Last Name:

Chu

Suffix:

Title:

Project Manager

Organizational Affiliation:

\* Telephone Number:

(909)291-1400, ext 108

Fax Number:

(909)291-0302

\* Email:

schu@nationalcore.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

\* 12. Funding Opportunity Number:

FR-5078-N-01

\* Title:

Section 202 Demonstration Pre-Development Grant Program

13. Competition Identification Number:

202DEMO-01

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Montclair, San Bernardino County, California

\* 15. Descriptive Title of Applicant's Project:

Montclair Senior Apartments: New construction of an 85-unit independent living apartment building in Montclair, CA, for 84 very low-income and low income persons 62 years of age and older.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="10,604,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="1,528,280.00"/>
* e. Other	<input type="text" value="170,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="12,302,280.00"/>

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

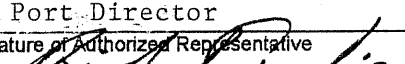
\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**APPLICATION FOR  
FEDERAL ASSISTANCE**

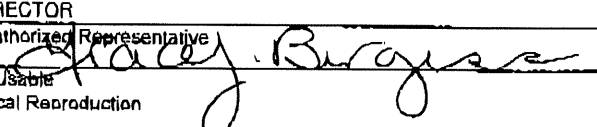
Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>
<b>Pre-application</b> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>
<b>5. APPLICANT INFORMATION</b>			
<b>Legal Name:</b> Stockton Port District		<b>Organizational Unit:</b> Department: Special Projects Department	
<b>Organizational DUNS:</b> 00-923-5391		<b>Division:</b>	
<b>Address:</b> Street: 2201 West Washington Street P.O. Box 2089 City: Stockton County: San Joaquin State: California Zip Code: 95201		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Henry Middle Name: E. Last Name: McKay Suffix:	
<b>Country:</b> USA		<b>Email:</b> hmckay@stocktonport.com	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6001403		<b>Phone Number (give area code)</b> 209-946-0246	<b>Fax Number (give area code)</b> 209-463-2362
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G - Special District Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span>		<b>9. NAME OF FEDERAL AGENCY:</b> EDA	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Stockton, San Joaquin County, CA		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Master Plan Utilities for Rough and Ready Island	
<b>13. PROPOSED PROJECT</b> Start Date: 02 January 2007 Ending Date: 01 July 2007		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA 11 and CA 18 b. Project CA 11 and CA 18	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal \$ 525,000.00		a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant \$ 225,000.00		DATE:	
c. State \$ .00		b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local \$ .00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other \$ .00		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income \$ .00		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL \$ 750,000.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix Mr.		First Name A.	
Last Name Aschieris		Middle Name Richard	
b. Title Port Director		Suffix	
d. Signature of Authorized Representative 		c. Telephone Number (give area code) 209-946-0246	
		e. Date Signed	



Version 7/03

**APPLICATION FOR  
FEDERAL ASSISTANCE**

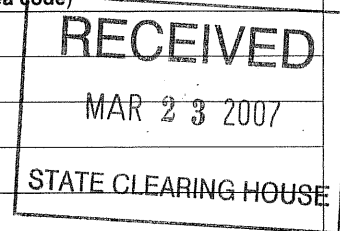
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: SAN GABRIEL BASIN WATER QUALITY AUTHORITY			Organizational Unit: Department:		
Organizational DUNS: 556419091			Division:		
Address: Street: 1720 W. CAMERON AVE, SUITE 100 City: WEST COVINA County: LOS ANGELES State: CALIFORNIA Zip Code: 91790			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: RANDY Middle Name: Last Name: SCHOELLERMAN Suffix:		
Country: USA			Email: RANDY@WQA.COM		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> [3][3]-[0][4][4][5][6][7][8]			Phone Number (give area code) (626)338-5555		Fax Number (give area code) (626)338-5775
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> [6][6]-[8][0][2] TITLE (Name of Program): SUPERFUND POLITICAL SUBDIVISION SITE SPECIFIC COOPERATIVE AGR			<b>8. NAME OF FEDERAL AGENCY:</b> ENVIRONMENTAL PROTECTION AGENCY		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): LOS ANGELES COUNTY			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> SOUTH EL MONTE OPERABLE UNIT COOPERATIVE AGREEMENT		
<b>13. PROPOSED PROJECT</b> Start Date: 4/1/07 Ending Date: 3/31/08			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant HILDA SOLIS 32ND b. Project HILDA SOLIS 32ND		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	6,554,002	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/22/07		
b. Applicant	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	6,554,002			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Authorized Representative					
Prefix MS.		First Name GRACE		Middle Name	
Last Name BURGESS				Suffix	
b. Title EXECUTIVE DIRECTOR				c. Telephone Number (give area code) (626)338-5555	
d. Signature of Authorized Representative 				e. Date Signed 3/22/07	

Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

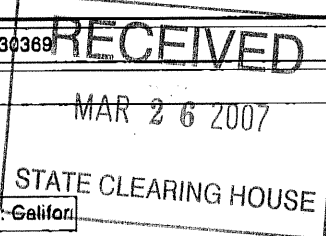
Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3/16/2007	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: United Families Inc.		Organizational Unit: Department: Child Care	
Organizational DUNS: 1970361		Division: Westmorland Center	
Address: Street: 646 S. 4th Street		Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Ms. First Name: Bertha	
City: El Centro		Middle Name Barcena	
County: Imperial		Last Name Franco	
State: CA	Zip Code 92243	Suffix:	
Country: USA		Email:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0726776		Phone Number (give area code) 760-336-8922	Fax Number (give area code) 760-336-8925
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Non-Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766		9. NAME OF FEDERAL AGENCY: USDA-Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Westmorland, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Westmorland Center Rehabilitation Project	
13. PROPOSED PROJECT Start Date: 1/1/2008 Ending Date: 6/30/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 51 b. Project 51	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 14,985.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/16/2007	
b. Applicant	\$ 4,995.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 19,980.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Bertha	Middle Name Barcena	
Last Name Franco		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) 760-336-8922	
d. Signature of Authorized Representative		e. Date Signed 3/16/2007	



**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> [ ]	<b>Applicant Identifier</b> [ ]
<b>5. APPLICANT INFORMATION</b>		<b>3. DATE RECEIVED BY STATE</b> [ ]	<b>State Application Identifier</b> [ ]
<b>* Legal Name:</b> The Regents of the University of California <b>Department:</b> Office of Contract & Grant Adm <b>Division:</b> [ ] <b>* Street1:</b> 10920 Wilshire Blvd., Suite 1200 <b>Street2:</b> [ ] <b>* City:</b> Los Angeles <b>County:</b> Los Angeles <b>* State:</b> CA: Californ <b>Province:</b> [ ] <b>* Country:</b> UNITED ST <b>* ZIP / Postal Code:</b> 90024-1400		<b>4. Federal Identifier</b> DE-FG02-92ER40695-Supplemental	
<b>Person to be contacted on matters involving this application</b> <b>Prefix:</b> Ms. <b>* First Name:</b> Kristin <b>Middle Name:</b> [ ] <b>* Last Name:</b> Lund <b>Suffix:</b> [ ] <b>* Phone Number:</b> 310-794-0171 <b>Fax Number:</b> 310-794-0631 <b>Email:</b> klund@resadmin.ucla.edu		<b>* Organizational DUNS:</b> 092530369	
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 1956006143A1		<b>7. * TYPE OF APPLICANT:</b> H: Public/State Controlled Institution of Higher Education	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) [ ] * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? [ ]		<b>Other (Specify):</b> Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Supplemental Funding Proposal for Advanced Accelerator Physics Research at UCLA - Muon Collider Studies			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Los Angeles, CA, Upton, NY, Batavia, IL			
<b>13. PROPOSED PROJECT:</b> * Start Date: 11/01/2006 * Ending Date: 10/31/2007		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: CA-030 b. * Project: CA-030	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> <b>Prefix:</b> Prof. <b>* First Name:</b> David <b>Middle Name:</b> B. <b>* Last Name:</b> Cline <b>Suffix:</b> [ ] <b>Position/Title:</b> Professor of Physics & Astronomy <b>* Organization Name:</b> The Regents of the University of California <b>Department:</b> Physics and Astronomy <b>Division:</b> UCLA <b>* Street1:</b> 475 Portola Plaza <b>Street2:</b> [ ] <b>* City:</b> Los Angeles <b>County:</b> Los Angeles <b>* State:</b> CA: Californ <b>Province:</b> [ ] <b>* Country:</b> UNITED ST <b>* ZIP / Postal Code:</b> 90095-1547 <b>* Phone Number:</b> 310-825-1673 <b>Fax Number:</b> 310-206-1091 <b>* Email:</b> dccline@physics.ucla.edu			



**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding 70,000.00

b. \* Total Federal &amp; Non-Federal Funds 70,000.00

c. \* Estimated Program Income 0.00

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**a. YES ☒ THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/26/2007

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Ms. Kristin Lund

\* Position/Title: Grant Analyst \* Organization: The Regents of the University of California

Department: Office of Contract &amp; Grant Adm Division: UCLA

\* Street1: 10920 Wilshire Blvd., Suite 1200 Street2:

\* City: Los Angeles County: Los Angeles \* State: CA: California

Province: \* Country: UNITED STATES \* ZIP / Postal Code: 90024-1408

\* Phone Number: 310-794-0171 Fax Number: 310-794-0631 \* Email: klund@resadmin.ucla.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

Add Attachment

**21. Attach an additional list of Project Congressional Districts if needed.**

List of Additional Congressional Districts for [ ] Delete Attachment View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## \* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

RECEIVED

MAR 26 2007

STATE CLEARING HOUSE

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## \* a. Legal Name: The CSU, Chico Research Foundation

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

68-0386518

## \* c. Organizational DUNS:

612177182

## d. Address:

## \* Street1:

Building 25, CSU, Chico

## Street2:

## \* City:

Chico

## County:

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code: 95929-0870

## e. Organizational Unit:

## Department Name:

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

## \* First Name:

Carol

## Middle Name:

## \* Last Name:

Sager

## Suffix:

## Title: Dir. Research and Sponsored Programs

## Organizational Affiliation:

## \* Telephone Number: 530-898-5700

## Fax Number: 530-898-6804

## \* Email: csasager@cauchico.edu

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

Business and Cooperative Programs

## 11. Catalog of Federal Domestic Assistance Number:

10.773

CFDA Title:

Rural Business Opportunity Grants

## \* 12. Funding Opportunity Number:

RBS-RBOG2007

\* Title:

Rural Business Opportunity Grant (RBOG)

## 13. Competition Identification Number:

Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

## \* 15. Descriptive Title of Applicant's Project:

Economic Gardening: Industry and Market Intelligence to Nurture New and Existing Local Businesses

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant \* b. Program/Project 

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: \* b. End Date: 

## 18. Estimated Funding (\$):

* a. Federal	<input type="text" value="50,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="50,000.00"/>

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:  \* First Name: Middle Name: \* Last Name: Suffix: \* Title: \* Telephone Number: Fax Number: \* Email: \* Signature of Authorized Representative: \* Date Signed: 

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424		Version 02
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</div><div style="width: 30%;"><b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</div><div style="width: 35%;"><b>* If Revision, select appropriate letter(s):</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <b>* Other (Specify)</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div></div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><b>* 3. Date Received:</b> <div style="border: 1px solid black; padding: 2px;">Completed by Grants.gov upon submission.</div></div><div style="width: 65%;"><b>4. Applicant Identifier:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div></div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><b>5a. Federal Entity Identifier:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div></div><div style="width: 45%;"><b>* 5b. Federal Award Identifier:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div></div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 65%;"><b>State Use Only:</b> <div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><b>6. Date Received by State:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div></div><div style="width: 65%;"><b>7. State Application Identifier:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div></div></div></div><div style="width: 30%; text-align: center; border: 1px solid black; padding: 10px; transform: rotate(-2deg);"><b>RECEIVED</b> <b>MAR 27 2007</b> <b>STATE CLEARING HOUSE</b></div></div>		
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> <div style="border: 1px solid black; padding: 2px;">Community Recovery Services</div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <div style="border: 1px solid black; padding: 2px;">94-3068560</div></div><div style="width: 45%;"><b>* c. Organizational DUNS:</b> <div style="border: 1px solid black; padding: 2px;">795261726</div></div></div>		
<b>d. Address:</b>		
<div style="display: flex; justify-content: space-between;"><div style="width: 15%;"><b>* Street1:</b></div><div style="width: 85%; border: 1px solid black; padding: 2px;">3101 Telegraph Ave</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 15%;"><b>Street2:</b></div><div style="width: 85%; border: 1px solid black; height: 15px;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 15%;"><b>* City:</b></div><div style="width: 85%; border: 1px solid black; padding: 2px;">Berkeley</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 15%;"><b>County:</b></div><div style="width: 85%; border: 1px solid black; height: 15px;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 15%;"><b>* State:</b></div><div style="width: 85%; border: 1px solid black; padding: 2px;">CA: California</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 15%;"><b>Province:</b></div><div style="width: 85%; border: 1px solid black; height: 15px;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 15%;"><b>* Country:</b></div><div style="width: 85%; border: 1px solid black; padding: 2px;">USA: UNITED STATES</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 15%;"><b>* Zip / Postal Code:</b></div><div style="width: 85%; border: 1px solid black; padding: 2px;">94705-1919</div></div>		
<b>e. Organizational Unit:</b>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><b>Department Name:</b> <div style="border: 1px solid black; padding: 2px;">Alcohol Policy Network</div></div><div style="width: 45%;"><b>Division Name:</b> <div style="border: 1px solid black; padding: 2px;">Students for a Safer Southside</div></div></div>		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><b>Prefix:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div></div><div style="width: 65%;"><b>* First Name:</b> <div style="border: 1px solid black; padding: 2px;">Joan</div></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><b>Middle Name:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div></div><div style="width: 65%;"><b>* Last Name:</b> <div style="border: 1px solid black; padding: 2px;">Kiley</div></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><b>Suffix:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div></div><div style="width: 65%;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 65%;"><b>Title:</b> <div style="border: 1px solid black; padding: 2px;">Executive Director</div></div><div style="width: 30%;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 65%;"><b>Organizational Affiliation:</b> <div style="border: 1px solid black; padding: 2px;">Community Recovery Services</div></div><div style="width: 30%;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><b>* Telephone Number:</b> <div style="border: 1px solid black; padding: 2px;">510-548-9822</div></div><div style="width: 45%;"><b>Fax Number:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 65%;"><b>* Email:</b> <div style="border: 1px solid black; padding: 2px;">jkiley@pacbell.net</div></div><div style="width: 30%;"></div></div>		



**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-122206-002

\* Title:

Prevention of High-Risk Drinking or Violent Behavior Among College Students CFDA 84.184H

**13. Competition Identification Number:**

84-184H2007-1

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**\* 15. Descriptive Title of Applicant's Project:**

Reducing High Risk Drinking Among University of California, Berkeley Students in the South Campus Area

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="128,502.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="128,502.00"/>

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3/27/07		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: The Regents of the University of California, UCLA			Organizational Unit: Department: Physics & Astronomy		
Organizational DUNS: 092530369			Division: Plasma Science and Technology Institute		
Address: Street: 10920 Wilshire Blvd., Suite 1200			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Los Angeles			Prefix: Ms.		
County: Los Angeles			First Name: Kristin		
State: CA			Middle Name		
Zip Code 90024			Last Name Lund		
Country:			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6006143			Email: klund@resadmin.ucla.edu		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Phone Number (give area code) 310-794-0171		
Other (specify)			Fax Number (give area code) 310-794-0631		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 81-049			7. TYPE OF APPLICANT: (See back of form for Application Types) 1. State Controlled Institution of Higher Learning Other (specify)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles, CA			9. NAME OF FEDERAL AGENCY: DOE		
13. PROPOSED PROJECT Start Date: 01/01/08 Ending Date: 12/31/10			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Development of Diagnostic Systems for Magnetic Fusion Energy Sciences Experiments		
15. ESTIMATED FUNDING:			14. CONGRESSIONAL DISTRICTS OF:		
a. Federal \$ 1,270,408			a. Applicant 30th		
b. Applicant \$			b. Project 30th		
c. State \$			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
d. Local \$			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
e. Other \$			DATE: 3/27/07		
f. Program Income \$			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
g. TOTAL \$ 1,270,408			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
a. Authorized Representative			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
Prefix Ms.			First Name Tonya		
Last Name Bester			Middle Name		
b. Title Administrative Analyst			Suffix		
d. Signature of Authorized Representative			c. Telephone Number (give area code) 310-206-6159		
Previous Edition Usable Authorized for Local Reproduction			e. Date Signed 3-27-07		

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: Eskaton Properties, Incorporated

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-2906316

\* c. Organizational DUNS:

621506310

RECEIVED

MAR 28 2007

STATE CLEARING HOUSE

## d. Address:

## \* Street1:

5105 Manzanita Avenue

## Street2:

## \* City:

Carmichael

## County:

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

\* Zip / Postal Code: 95608-0598

## e. Organizational Unit:

## Department Name:

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

\* First Name: Cathy

## Middle Name:

\* Last Name: Sailor

## Suffix:

Title: Director of Operations

## Organizational Affiliation:

\* Telephone Number: (916) 334-0610

Fax Number: (916) 336-1248

\* Email: cathy.sailor@eskaton.org

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

US Department of Housing and Urban Development

## 11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

## \* 12. Funding Opportunity Number:

FR-5078-N-01

\* Title:

Section 202 Demonstration Pre-Development Grant Program

## 13. Competition Identification Number:

202DEMO-01

Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

Roseville; Placer County; California

## \* 15. Descriptive Title of Applicant's Project:

Low-Income Housing Project for Seniors

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachment

View Attachments

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 3rd

\* b. Program/Project 4th

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: 12/19/2007

\* b. End Date: 06/01/2009

## 18. Estimated Funding (\$):

* a. Federal	5,819,931.00
* b. Applicant	25,000.00
* c. State	0.00
* d. Local	500,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	6,344,931.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/28/2006.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:  \* First Name: Carol

Middle Name:

\* Last Name: Scott

Suffix:

\* Title: Administrative Assistant

\* Telephone Number: (916) 334-0810 Fax Number: (916) 338-1248

\* Email: carol.scott@eskaton.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

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Standard Form 424 (Revised 10/2005)  
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# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<input checked="" type="checkbox"/> <b>Construction</b>	<input checked="" type="checkbox"/> <b>Pre-application</b>	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> <b>Non-Construction</b>	<input type="checkbox"/> <b>Non-Construction</b>	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name: Desert Alliance for Community Empowerment		Organizational Unit: Department:	
Organizational DUNS: 108363370		Division:	
Address: Street: 53-990 Enterprise Way, #1		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Coachella		Prefix: Mr.	First Name: Jeffrey
County: Riverside		Middle Name: Alan	
State: CA		Last Name: Hays	
Zip Code: 92236	Suffix:		
Country: USA		Email: jeff@dace-rancho.org	

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

33-0857187

Phone Number (give area code) 760-391-5050 x 222	Fax Number (give area code) 760-391-5100
-----------------------------------------------------	---------------------------------------------

## 8. TYPE OF APPLICATION:

☒ **New**    ☐ **Continuation**    ☐ **Revision**

If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

Other (specify) ☐ ☐

## 7. TYPE OF APPLICANT: (See back of form for Application Types)

"O"

Other (specify)

## 9. NAME OF FEDERAL AGENCY:

USDA Rural Development

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-769

TITLE (Name of Program):  
RBEG

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Facilitate the development of small and emerging private business enterprises throughout the Palo Verde Valley - east Riverside County - by establishing a revolving loan fund.

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Blythe, Mesa Verde, Ripley - Riverside County, California

## 13. PROPOSED PROJECT

Start Date:  
April, 2007

Ending Date:  
12/31/2008

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant  
45th Mary Bono

b. Project  
45th Mary Bono

## 15. ESTIMATED FUNDING:

a. Federal	\$	450,000.00
b. Applicant	\$	200,000.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	0.00
g. TOTAL	\$	650,000.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.    ☒ No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

### a. Authorized Representative

Prefix	First Name Jeffrey	Middle Name Alan
Last Name Hays	Suffix	
b. Title Executive Director	c. Telephone Number (give area code)	
d. Signature of Authorized Representative	e. Date Signed 03/22/2007	

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Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application: <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>				
Legal Name: California Department of Toxic Substances Control		Organizational Unit: Department: Science, Pollution Prevention and Technology Development		
Organizational DUNS: 949010870		Division: Office of Pollution Prevention and Technology Development		
Address: Street: 1001 "I" Street, P.O. Box 806		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: Mr.	First Name: Relly	
County: Sacramento		Middle Name		
State: CA		Last Name: Briones		
Zip Code: 95812-0806		Suffix:		
Country: USA		Email: rbriones@dtsc.ca.gov		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0281381		Phone Number (give area code) (916) 445-2927	Fax Number (give area code) (916) 327-4494	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-708		<b>9. NAME OF FEDERAL AGENCY:</b> USEPA		
TITLE (Name of Program): FY 2007 Request for Proposals, Pollution Prevention Grants Program		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Low Toxicity Cleaning Alternatives for the Chemical Industry: A Test and Demonstration Program		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State-wide				
<b>13. PROPOSED PROJECT</b> Start Date: 10/01/2007 Ending Date: 03/30/2010		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant State-wide b. Project State-wide		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 92,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 29, 2007		
b. Applicant	\$ 92,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 184,000			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
Prefix: Dr.	First Name: Jeffrey	Middle Name:		
Last Name: Wong			Suffix:	
<b>b. Title</b> Deputy Director, Science, Pollution Prevention and Technology Program		<b>c. Telephone Number (give area code)</b> (916) 322-2822		
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed</b>		

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Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>				
Legal Name: California Department of Toxic Substances Control		Organizational Unit: Department: Science, Pollution Prevention and Technology Development		
Organizational DUNS: 949010870		Division: Office of Pollution Prevention and Technology Development		
Address: Street: 1001 "I" Street, P.O. Box 806		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: Mr.	First Name: James	
County: Sacramento		Middle Name		
State: CA		Last Name: Stettler		
Zip Code: 95812-0806		Suffix:		
Country: USA		Email: jstettler@dtsc.ca.gov		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0281381		Phone Number (give area code) (510) 540-3816		Fax Number (give area code) (510) 540-3891
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-708		<b>9. NAME OF FEDERAL AGENCY:</b> USEPA		
TITLE (Name of Program): FY 2007 Request for Proposals, Pollution Prevention Grants Program		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Green Business Certification and Measurement Database		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State-wide				
<b>13. PROPOSED PROJECT</b> Start Date: 10/01/2007 Ending Date: 09/30/2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant State-wide b. Project State-wide		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 127,829.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 29, 2007		
b. Applicant	\$ 33,036.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 149,784.00			
e. Other	\$ .00			
f. Program Income	\$ .00			
g. TOTAL	\$ 310,649.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
Prefix Dr.	First Name Jeffrey		Middle Name	
Last Name Wong		Suffix		
b. Title Deputy Director, Science, Pollution Prevention and Technology Program		c. Telephone Number (give area code) (916) 322-2822		
d. Signature of Authorized Representative		e. Date Signed		

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